

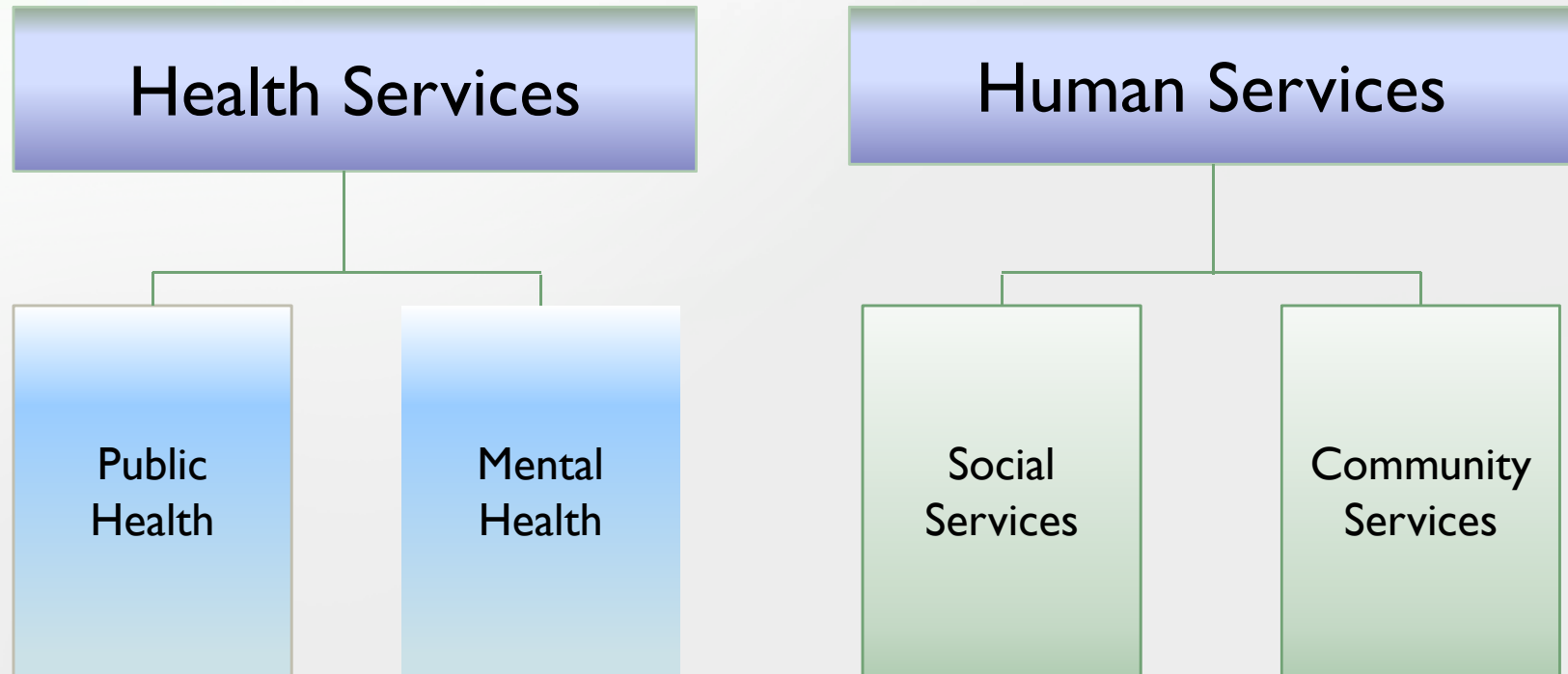
Health and Human Services Agency

*Mental Health Division*  
*Overview*

September 18, 2013 Board of Supervisors Presentation



# Health and Human Services Agency



# Mental Health Primary Program Responsibilities

## Traditional Programs

Limited services for adults/children

Psychiatric Emergency Services

Psychiatric Health Facility Services

Institutional & Residential Care

## Patient Rights Advocacy

## Persons with Serious Mental Illness or Emotional Disturbance

## Utilization Review Quality Assurance Quality Improvement

## MHSA Programs

Prevention & Early Intervention (PEI)

Community Services & Supports (CSS)

Innovation (INN)

Workforce Educations & Training (WET)

Capital Facilities & Technological Needs

Approximately 90 active contracts (incoming and outgoing) at three primary sites: Psychiatric Health Facility, WS Clinic, and SLT Clinic.

# Mental Health System of Care

(Meeting statutorily mandated/contractually required services)

- Medically necessary, specialty mental health services for:
  - Seriously mentally ill adults (often significantly disabled)
  - Seriously emotionally disturbed children (with impaired functioning)
- Services are designed to ensure the appropriate level of care based upon the level of need
- Services are wellness/recovery oriented and driven by client/family needs

# Mental Health Division - History

- Redefining our Mission, Vision and Values was a big part of the process review
- Substantial change in leadership and continued staff turnover
- MH has spent the past year redesigning our program delivery approach
  - Psychiatric Health Facility (PHF) Expansion
  - Closure of Crisis Residential Treatment Center and development of the Intensive Case Management Team
  - Provided 5150 Training to all Outpatient Clinicians to assist in crisis response
  - Developed an open referral process and eliminated “Tuesday Intake”
  - Added a “Worker of the Day” and telephone triage program
  - Currently reviewing Mental Health Services Act (MHSA) programs and increasing community stakeholder collaboration

# Mental Health Division - Strengths

- Dedicated staff with a wide range of experience and expertise
- Developing strong partnerships with County and Community partners
- Implementation of Division electronic health records “Clinical Workstation – Avatar”
- Developing strong partnership with Fiscal Team
- Enhanced collaboration with Public Guardian and Adult Protective Services

# Mental Health Division - Weaknesses

- Limited residential placements opportunities within the County
- Public expectations and perceptions
- Limited psychiatry opportunities
- Division culture change resulting from programmatic redesign and changes in executive leadership
- Consistency and continuity of services and processes between VWS and SLT
- Budgetary constraints & uncertainty of State funding

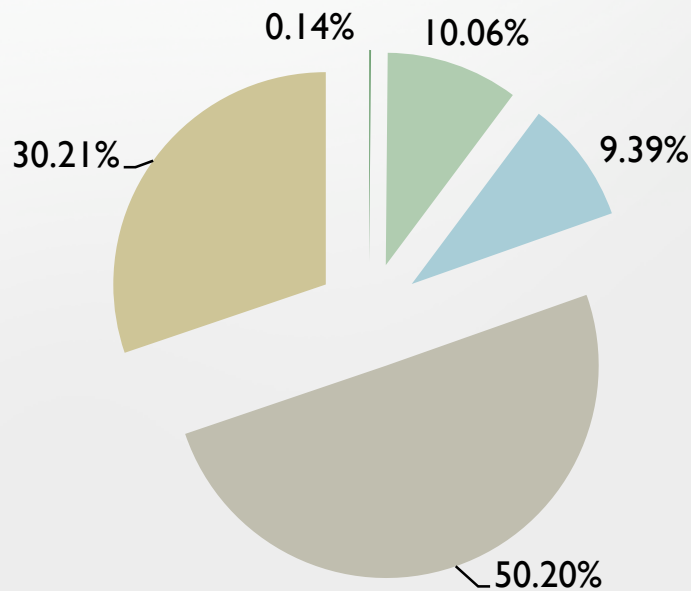
# Budgetary Constraints





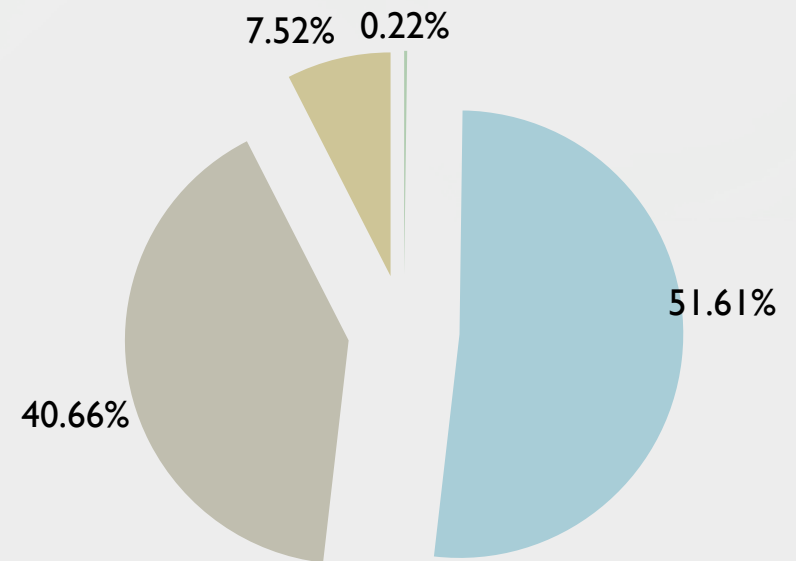
# Traditional vs Mental Health Services Act (MHSA) Revenues

## Traditional \$11.4 M



- General Fund - Maintenance of Effort
- Interest & Charges for Service
- Fund Balance
- State Realignment
- Federal Revenue

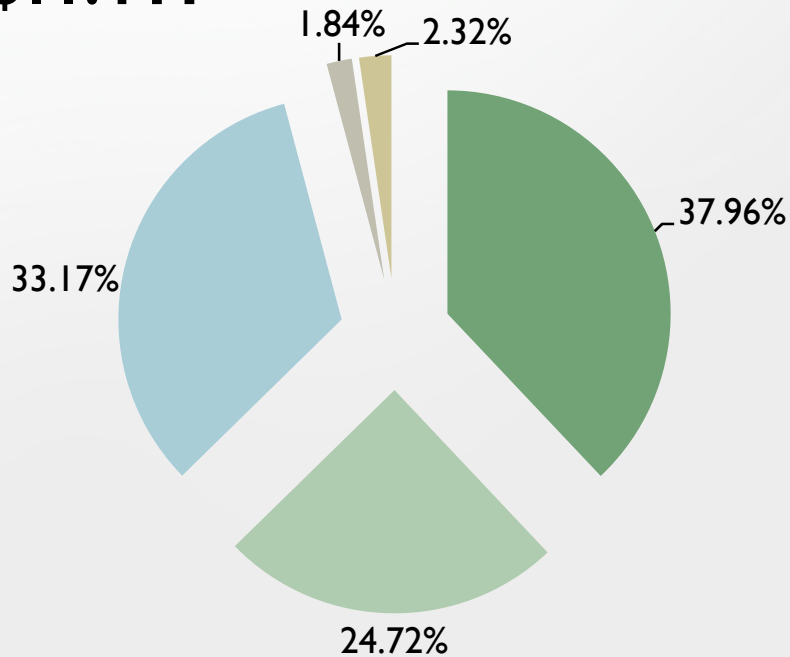
## MHSA \$15.1 M



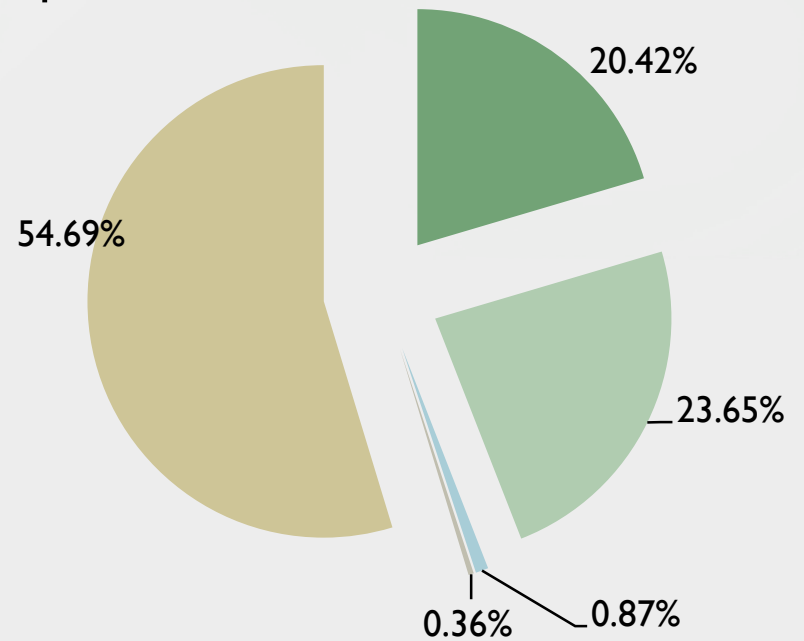
- Interest & Charges for Services
- Fund Balance
- State Revenue- Prop 63 & AB 109 Realignment
- Federal Revenue

# Traditional vs Mental Health Services Act (MHSA) Expenditures

**Traditional  
\$11.4 M**



**MHSA  
\$15.4 M**



- Salaries
- Other Charges
- Approp for Contingencies
- Services and Supplies
- Fixed Assets

# Budgetary Challenges

- **Approx. \$890K structural deficit predicted in Traditional sub-fund in FY 13/14**
  - Requires use of one-time funds in FY 13/14 to balance budget
  - Realignment Transfer from Public Health
- **Cost of State Hospital Beds**
  - Currently contract for 2 hospital beds
  - FY 12/13 cost is approximately \$480k (partial year)
  - Structural deficit would increase if State Hospital bed placements increase
  - The cost per hospital bed is approximately \$250K per state bed
  - Anticipated increase in hospital bed cost in FY 13/14

# Budgetary Challenges Continued...

- Realignment of MH programs during FY 12/13
  - Change in funding strategies for Managed Care and Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Revenue Uncertainties
  - Medi-Cal Revenue fluctuates based on the number eligible beneficiaries receiving Medi-Cal eligible services
  - State realignment fluctuations based on legislation
  - Unknown future challenges to MHSA revenue (based on income tax)
- Increase in long-term residential placements
  - There are limited options as all Counties are feeling this impact and there are no El Dorado County residential facilities.

# Budgetary Challenges Continued...

- There has been an increase in out-of-county hospitalizations over the past couple of years
  - The PHF expansion should provide some relief to this scenario beginning in FY 13/14
  - Difficult placements and limited options could cause an increase in the number of State hospital beds
- During FY 12/13, the MHD had an increase in staffing expenditures related to Psychiatric Emergency Services (PES)
  - PES staffing expenditures increased after the Crisis Residential Treatment Center (CRT) closed during FY 12/13
  - MHD reviewing PES program options for FY 13/14

# Mental Health Division - Opportunities

What is the division doing to respond to the challenges?

- Redefining our program delivery and service model
- Enhancing community collaboration to increase communication and transparency
- Strengthening our volunteer and student intern program
- Reviewing our policies and procedures to ensure consistency between WS and SLT
- Increased training opportunities for staff to support their professional development
- Recreate Fiscal and Program partnerships to increase fiscal responsibility

# Possible Threats to Our Success

- Future funding changes and restrictions
- Fluctuating funding sources
- Unknown impact of the Affordable Care Act
- Unknown impact of the State Katie A. settlement
- Possible increase in State hospital bed use
- Increased long-term residential placements and fluctuating costs
- Continued programmatic impact of ABI09 clients in the community

# Goals and Next Steps for the Mental Health Division

- Fiscal responsibility and transparency
- Developing comprehensive orientation and training program for all staff
- Increased collaboration with community Stakeholders
- Moving towards short-term treatment models
- Help facilitate clients to obtain benefits thus increasing our third-party reimbursement for services
- Focus on treatment outcomes
- Complete two Performance Improvement Projects
- PHF Expansion – Complete in FY 13/14
- Continue review of policies and procedures to develop consistency and efficiency



# QUESTIONS?

